

Figure SC850.F20. ES-935, "Claimant's Affidavit of Federal Civilian Service, Wages, and Reason for Separation"

TEXAS EMPLOYMENT COMMISSION CLAIMANT'S STATEMENT OF FEDERAL CIVILIAN SERVICE, WAGES, AND REASON FOR SEPARATION				OMB No. 1205-0179	
				1. LOCAL OFFICE 001	
				4. TYPE OF CLAIM ("X" one) <input checked="" type="checkbox"/> New <input type="checkbox"/> Additional	
2. NAME OF CLAIMANT Doe, Jane		3. SOCIAL SECURITY NUMBER (s) 111-11-1111		5. DATE FILED 9/25/95	
6. EMPLOYER (Federal Agency) Department of the Air Force		7. EMPLOYMENT ADDRESS Bergstrom Air Reserves Station 924 SUG/DFC 2502 Highway 71 East Austin, TX 78719-2557		8. DATES OF EMPLOYMENT From 10/1/90 To 9/22/95	
9. GROSS WAGES RECEIVED FROM THE ABOVE AGENCY (Complete only if a new claim)					
9a. REPORT OF WAGES		9b. GROSS WAGES IN FEDERAL CIVILIAN SERVICE		9c. DOCUMENTARY EVIDENCE (Submitted by claimant showing Federal civilian employment)	
Quarter Ending	Year				
6/30	19 94	\$ 4,500	W-2 form for 1994 Pay stubs for 1995		
9/30	19 94	\$ 4,500			
12/31	19 94	\$ 4,500			
3/31	19 95	\$ 5,000			
6/30	19 95	\$ 5,000			
9/30	19 95	\$ 5,000			
TOTAL GROSS WAGES		\$ 28,500			
10. LUMP-SUM PAYMENT(s) RECEIVED FOR TERMINAL ANNUAL LEAVE					
10a. AMOUNT OF PAYMENT \$500		10c. AMOUNT OF TERMINAL ANNUAL LEAVE		10d. EFFECTIVE PERIOD OF TERMINAL LEAVE	
				Time	Date
10b. DATE OF PAYMENT 10/13/95		Days 6 1/2	From	8:00 o'clock	9/25/95
		Hours 50	To	12:00 o'clock	10/2/95
11. I am receiving payment(s) for: (a) <input type="checkbox"/> retirement \$ _____ monthly amount					
(b) <input type="checkbox"/> disability \$ _____ monthly amount					
(c) <input type="checkbox"/> any other similar period payment \$ _____ monthly amount					
I am not receiving any of the above. <input checked="" type="checkbox"/>					
12. REASON FOR SEPARATION Reduction in Force					
I, the claimant, declare that the above statements, to the best of my knowledge and belief, are true and correct; furthermore, I understand that penalties are provided by law for an individual making false statements to obtain benefits.					
SIGNATURE OF CLAIMANT		Date		SIGNATURE OF COMMISSION REPRESENTATIVE	
				Date	
ES-935(0589)		Dist.: Original to State Office, Copy to Federal Agency.			